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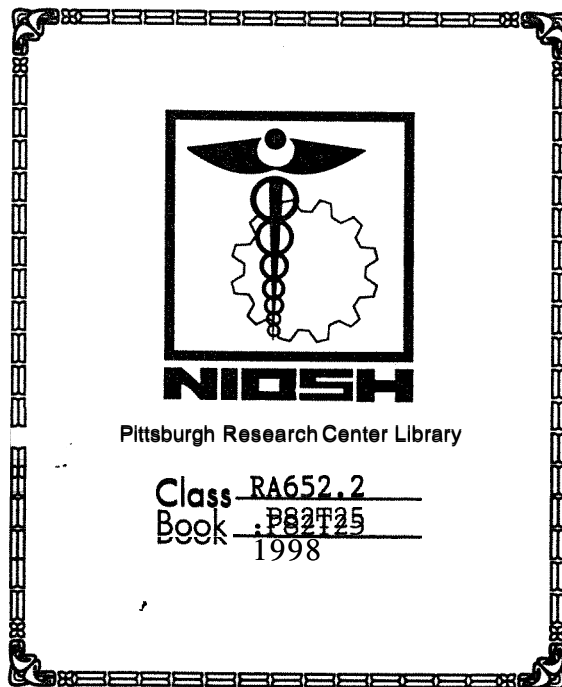
TECHNICAL AND ETHICAL GUIDELINES FOR WORKERS' HEALTH SURVEILLANCE



INTERNATIONAL LABOUR OFFICE · GENEVA

RA652.2
.P82T25
1998

AB24-Comm-31-19



The International Programme for the Improvement of Working Conditions and Environment (PIACT) was launched by the International Labour Organization in 1976 at the request of the International Labour Conference and after extensive consultations with member States.

PIACT is designed to promote or support action by member States to set and attain definite objectives aiming at "making work more human". The Programme is thus concerned with improving the quality of working life in all its aspects: for example, the prevention of occupational accidents and diseases, a wider application of the principles of ergonomics, the arrangement of working time, the improvement of the content and organization of work and of conditions of work in general, and a greater concern for the human element in the transfer of technology. To achieve these aims, PIACT makes use of and coordinates the traditional means of ILO action, including:

- the preparation and revision of international labour standards;
- operational activities, including the dispatch of multidisciplinary teams to assist member States on request;
- tripartite meetings between representatives of governments, employers and workers, including industrial committees to study the problems facing major industries, regional meetings and meetings of experts;
- action-oriented studies and research; and
- clearing-house activities, especially through the International Occupational Safety and Health Information Centre (CIS) and the Clearing-house for the Dissemination of Information on Conditions of Work.

This publication is the outcome of a PIACT project.

Technical and ethical guidelines
for **workers'** health surveillance

Handwritten - 110 PUBL. CTR. 10/12/93

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INTERNATIONAL LABOUR OFFICE · GENEVA

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First published 1998

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ILO

Technical and ethical guidelines for workers' health surveillance (OSH No. 72)

Geneva, International Labour Office, 1998 (Occupational Safety and Health Series No. 72)

/Guide/, /Occupational health service/, /Occupational health/, Medical examination/.

/Data collection/, /Confidentiality/. 13.04.2

ISBN 92-2-110828-7

Also published in French: *Principes techniques et éthiques de la surveillance de la santé des travailleurs: Principes directeurs* (ISBN 92-2-210828-0); and in Spanish: *Principios directivos técnicos y éticos relativos a la vigilancia de la salud de los trabajadores* (ISBN 92-2-310828-4)

ILO Cataloguing in Publication Data

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Preface

Health data are of a sensitive nature. Inappropriate or inaccurate collection of health information can have serious and long-lasting consequences for individual workers. Some kinds of health assessments, tests and investigations may not be justified from an occupational health point of view, and may represent an unwarranted intrusion into the private life of the individual worker. They may also introduce discrimination based on health findings into the workplace. Thus, it is of great importance that health-related information is collected, processed and used in a well-controlled system that will protect the privacy of workers, as well as to ensure that health surveillance is not utilized for discriminatory purposes, or used in any other manner prejudicial to their interests.

Major fluctuations have occurred in employment patterns in recent years, due to rapid changes in technology, the development of the tertiary and other sectors and an increasingly competitive environment. These changes in turn have led to an increasing number of precarious and temporary workers, as well as epidemics of musculoskeletal disorders and occupational stress. Much has also changed in the health sector. For example, some newly developed and sophisticated means for conducting investigations — like genetic screening — could infringe workers' privacy. All these developments call for good practice in workers' health surveillance from a technical, ethical, social and economic point of view.

The surveillance of workers' health has to be designed and established to meet challenges arising from this new and rapidly changing environment. Workers' health surveillance should be an essential component of programmes aimed at the protection of workers, and such programmes should be able to provide medical examinations prescribed by legislation. It is a means to implement preventive action, as there are diseases caused by work which have to be identified, treated and compensated. There is an obvious need for a well-designed workers' health surveillance system which would provide information essential for the effective organization and implementation of occupational health services, in order to reduce the burden and the cost of diseases in relation to work, and to prevent any misuse of the information.

The purpose of these guidelines is to assist all those who have responsibilities to design, establish, implement and manage workers' health surveillance schemes that will facilitate preventive action towards ensuring a healthy and safe working environment for all. As ILO guidelines, they are not a legally binding document; rather, they constitute practical recommendations. These guidelines do not replace national laws,

regulations, international labour standards or other accepted standards. Local circumstances and the availability of financial and technical resources will determine how far it is practicable to follow the provisions of the guidelines. These provisions are considered to be the basic requirements for the surveillance of workers' health, and are not intended to discourage competent authorities from adopting higher standards. The guidelines can be used in the development of legislation, regulations, collective agreements, work rules, policies and practical measures at enterprise level on workers' health surveillance. They are of particular relevance to competent authorities, other governmental or public authorities such as public health departments and social security institutions, employers and workers, and their organizations.

These guidelines were adopted by an ILO Meeting of Experts on Workers' Health Surveillance, convened in Geneva from 2 to 9 September 1997 in accordance with the decision taken by the Governing Body of the ILO at its 267th Session (November 1996). The meeting was composed of 18 experts, six of whom were appointed following consultations with governments, and six each following consultations with the Employers' and Workers' groups of the Governing Body.'

1 Experts appointed after consultation with Governments

- Ms. Mara Ivana Bettiol, Economist, Occupational Hazards Supervisory Board, Buenos Aires (Argentina).
- Mr. Wenqi Wang, Senior Engineer, Ministry of Labour, Beijing (China).
- Dr. Marianne Saux, Chief of the Occupational Health Inspection Service, Labour Relations Department, Ministry of Employment and Solidarity, Paris (France).
- Dr. Zulmiar Yanri, Deputy Director for the Supervision of Workers' Safety and the Working Environment, Directorate-General of Industrial Relations and Labour Standards Development, Department of Manpower, Jakarta (Indonesia).
- Mr. Leen Van Vliet, Official, Directorate for Working Conditions, Ministry of Social Affairs and Employment, The Hague (Netherlands).
- Mr. Mohamed Ben Laiba, Director General, Institute of Occupational Health and Safety, Tunis (Tunisia).

Experts nominated after consultations with the Employers' group

- Dr. Nicholas Anuruo Okere, Medical Director, Nigerite Limited, Lagos (Nigeria).
- Mr. Geir Øyvind Bakka, Assistant Director, Occupational Health and Safety, Confederation of Norwegian Business and Industry (NHO), Oslo (Norway).
- Dr. Amjad Ali, Officer-in-charge of the Medical Department, Pakistan Petroleum Ltd., Karachi (Pakistan).
- Dr. Jan Van Charante, Occupational Physician, Managing Director, Foundation on Occupational Health, Paramaribo (Suriname).
- Mr. Ali M'kaissi, Official, Tunisian Confederation of Industry, Trade and Handicrafts (UTICA), Tunis (Tunisia).
- Mr. Derek White, Chief Medical Officer, British Telecommunications plc, London (United Kingdom).

Experts appointed after consultation with the Workers' group

- Mr. Ahmed Khalef, Union générale des travailleurs algériens (UGTA), Algiers (Algeria).
- Ms. Deborah Vallance, Australian Manufacturing Workers' Union, Melbourne (Australia).
- Ms. Bergie van den Bossche, Belgian Confederation of Christian Unions, Brussels (Belgium).
- Mr. David Bennett, Canadian Labour Congress, Ottawa (Canada).
- Ms. Ellen Imbernon, Confédération générale du travail (CGT), Paris (France).
- Mr. Kemchi Kumagai, Japanese Trade Union Confederation, Tokyo (Japan).

The meeting concluded that there should be a clear linkage between workers' health surveillance and workplace control measures. It was stressed that workers' health surveillance, in itself, would not prevent injuries and diseases. Health surveillance was not an independent answer, but it was a useful complement to guide preventive action. It had to be placed in the right perspective, which was the elimination of dangerous machinery, equipment and conditions as well as the improvement of working conditions and environment.

The experts stressed that the emphasis should be placed on primary prevention, defined in terms of occupational safety and health policies combined with engineering design and control measures. The removal of unfit workers from employment, or the rotation and "protective reassignment" of workers according to the traditional medical model, constitute secondary prevention and should not be understood as primary prevention. It was, however, noted that, because of different stages of development in different countries, safer technologies could not always be introduced immediately. Therefore, protection of workers' health through secondary prevention was still needed in some cases.

The experts indicated that workers' health surveillance was necessary for preventive purposes at the workplace level. Its focus should be on the surveillance of health in relation to work. However, its scope and purpose should be broad enough to elicit and address new problems, in addition to the occupational health issues which are already known. It was pointed out that medical examinations and workers' health surveillance had to be observed and used at two levels: individual and collective.

The meeting recommended that the ILO and the WHO should publicize the Guidelines and promote education and training in this respect, giving examples of good and poor practice.

The Governing Body of the ILO approved the publication and distribution of the Guidelines at its 270th Session (November 1997).

Observers

International Commission on Occupational Health (ICOH).
International Confederation of Free Trade Unions (ICFTU).
International Organization of Employers (IOE).
International Council of Nurses (ICN).
International Occupational Hygiene Association (IOHA).
International Social Security Association (ISSA).
Pan American Health Organization (PAHO).
World Health Organization (WHO).

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TECHNICAL AND ETHICAL GUIDELINES FOR WORKERS' HEALTH SURVEILLANCE

The purpose of workers' health surveillance required clarification and redefinition because of recent changes in occupational health, such as technical progress, more sophisticated means of investigation and greater emphasis on prevention, holistic approaches, primary health care, human rights and organizational aspects. Thus, using the new definition of occupational health adopted by the Joint ILO/WHO Committee on Occupational Health in 1995 as a starting point, a tripartite ILO Committee of Experts developed and then adopted these guidelines.

Workers' health surveillance, based on sound ethical and technical practice, must ensure workers' privacy and the confidentiality of individual health information, and the professional independence and impartiality of relevant health professionals. These guidelines are invaluable in the design, establishment, implementation and management of workers' health surveillance schemes, leading to a healthy and safe working environment for everyone. Although the competent authorities are free to adopt higher standards, these guidelines constitute basic requirements. They can serve the purpose of primary prevention of occupational and work-related diseases and injuries, and should be linked to other measures, such as monitoring occupational hazards through surveillance of the working environment. This book covers practical aspects of organizing workers' health surveillance and the collection, processing and communication of health-related data. Equally, it provides guidance on the use of such data and on the rights, responsibilities and duties of the different parties.

Price: 15 Swiss francs

ISBN 92-2-110828-7



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